

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018050

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 644

STATE FILE NUMBER

FILED JUN 11 1967

1. PLACE OF DEATH a. COUNTY <b>BUCHANAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BUCHANAN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. JOSEPH</b>		c. CITY OR TOWN <b>ST. JOSEPH</b>	
Length of stay in 1b <b>5 MIN.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>634 BON TON ST.</b>	
3. NAME OF DECEASED (Type or print) First <b>EDWARD</b> Middle <b>A</b> Last <b>BOEH</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>1</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 15, 1904</b>
9. AGE (last birthday) <b>58</b>		IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BUTCHER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MEAT PACKING HOUSE</b>	
11. BIRTHPLACE (City and state or country) <b>WATHENA, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>EDWARD J. BOEH</b>		13b. MOTHER'S MAIDEN NAME <b>LENA FRANZEN</b>	
14. NAME OF HUSBAND OR WIFE <b>SARAH BOEH</b>		Address <b>634 BON TON ST. ST. JOSEPH, MO.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>SARAH BOEH</b>		Interval BETWEEN ONSET AND DEATH <b>Instant</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) <b>5 yrs</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>5-29-57</b> to <b>6-1-62</b> and last saw him alive on <b>4-30-62</b> Death occurred at <b>9:10 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>H.C. Senne MD</b>	
22b. ADDRESS <b>213 N 7th St. Joseph Mo</b>		22c. DATE SIGNED <b>6-4-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JUNE 6, 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>MOUNT OLIVET CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>ST. JOSEPH MISSOURI</b>	
24. FUNERAL DIRECTOR <b>HARMAN FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>JUNE 5, 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION  
H.C. Senne, M.D.

JUN 13 1962

JUN 19 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles M. Zisman

Licensed Embalmer No. 4487

P. O. Address Waltham, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.